MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06547

6552

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 9yrs.10mo.9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 01-02-2
STREET ADDRESS (If rural give location) 209 Hay ✓

3. NAME OF DECEASED: (First) JOHN (Middle) T. (Last) ADAMS
4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-4-1891	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman
10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Frank Adams
14. MOTHER'S MAIDEN NAME: Laura Jane Roye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cerebral hemorrhage	Approx. 1 week
ANTECEDENT CAUSE (S) DUE TO (B)	Chronic brain syndrome associated with	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	CNS syphilis (meningo-encephalitic type	unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
VA M.		

22. I hereby certify that I attended the deceased from 9-3, 1945, to 7-12, 1955 ~~I last saw him alive on~~, and that death occurred at 1:40 AM, from the causes and on the date stated above.

SIGNATURE: W. OPPLER ADDRESS: Chief, Professional Services M. D. VAH, Perry Point, Md. DATE SIGNED: 7-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-12-55	Mt. Tabor	Spring Gap, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-12-55	Irene E. Dougherty	Lee A. Patterson & Son	Lee A. Patterson & Son, Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06548

6553

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:
COUNTY Cecil. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) (Last) Biggs

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1955

5. SEX: M. 6. COLOR OR RACE: Wh. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married. 8. DATE OF BIRTH: March 22 1896 9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic. 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Eng. Dept.

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Biggs

14. MOTHER'S MAIDEN NAME: Laura Bone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 169-20-1478

17. INFORMANT & ADDRESS: Mrs Gladys B. Biggs Chesapeake City Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Cardiac dekalation — INTERVAL BETWEEN ONSET AND DEATH: 2 Hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic Cardiovascular disease — 7 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1955, to July 25, 1955, that I last saw the deceased alive on July 24, 1955, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE Glen Downs M. D. ADDRESS Chesapeake City Md DATE SIGNED 6/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF July 25/55 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) (State) Nr. Ches City, Md

DATE REC'D BY LOCAL REGISTRAR July 27-1955 REGISTRAR'S SIGNATURE Ralph A. Pelle 24. FUNERAL DIRECTOR Ferguson Funeral Home ADDRESS Elkton

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6554 06549

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown Rfd. 1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Charlestown Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) HOWARD FRANKLIN BRICKLEY

4. DATE OF DEATH (Month) (Day) (Year) 7 11 1955

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: 3-26-1893 | 9. AGE last birthday: 62 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Retired U.S. Govt | 11. BIRTHPLACE (State or foreign country): Rising Sun Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Franklin Brickley | 14. MOTHER'S MAIDEN NAME: Margaret Armour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW #I | 16. SOCIAL SECURITY NO.: 221-07-2456 | 17. INFORMANT & ADDRESS: Mrs. Howard F. Brickley, Charlestown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute Coronary Occlusion
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeDodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-14-55 | NAME OF CEMETERY OR CREMATORY Ebenezer Methodist | LOCATION (City, town, or county) (State) Rising Sun R.D. Cecil Co. Md

DATE REC'D BY LOCAL REG. 7-14-55 | REGISTRAR'S SIGNATURE Sarah E. Rothermel | 24. FUNERAL DIRECTOR ADDRESS Joseph R. Plant North East Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6555 06550

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

1. PLACE OF DEATH:
COUNTY Cecil Bainbridge, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bainbridge
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Suffolk
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Revere 58X-3
STREET ADDRESS (If rural, give location) 53 Central Avenue ✓

3. NAME OF DECEASED: (First) William (Middle) Edward (Last) Byrne
4. DATE OF DEATH (Month) July (Day) 22 (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2 May 1930
9. AGE Last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): US NAVY
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Bronx, New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Byrne
14. MOTHER'S MAIDEN NAME: (Maiden name not available) Millie M. Byrne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1947 - 1950 1951 - 1955
16. SOCIAL SECURITY NO.: -----
17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause 816X (a) Fracture Simple Cervical 6 & 7 Spines with

DUE TO Paraplegia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c) Lacerated Trachea and Esophagus

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Highway
21c. (City or town) (County) (State) Route 222 near Port Deposit Cecil Co.Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 19 55 11:[illegible] AM
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto hit truck pulling house trailer

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 7-25-55
NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
LOCATION (City, town, or county) (State) Revere Middlesex Mass.
DATE REC'D BY LOCAL REG. 7-25-55
REGISTRAR'S SIGNATURE Dorothy B. Brandle
24. FUNERAL DIRECTOR ADDRESS Lee A Patterson & Son, Rockville Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06551

6556

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Calvert
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Graybeal Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) E. (Last) Campbell

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 2-18-1865

9. AGE last birthday 90 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Own Store

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Campbell

14. MOTHER'S MAIDEN NAME: Anna Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary McCarthy, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (422.1)	(a) Myocarditis -	10 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis -	15 yrs.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1950 to 7-13-, 1955 that I last saw the deceased alive on 7-13-, 1955, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. F. Bynon M.D. ADDRESS Port Deposit, Md. DATE SIGNED 7-16-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-17-1955 | NAME OF CEMETERY OR CREMATORY Asbury | LOCATION (City, town, or county) (State) Port Deposit Md. Rural

DATE REC'D BY LOCAL REGISTRAR 7-16-1955 | REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Wm. A. Patterson & Son ADDRESS Perryville, Md.

6557 06552

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora. Rural | LENGTH OF STAY (In this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Pine Ranch.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Typs or Print) (First) LINCOLN (Middle) FORD (Last) CAMPBELL
4. DATE OF DEATH (Month) 7. (Day) 2 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-12-1923
9. AGE last birthday: 32. yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carder
10b. KIND OF BUSINESS OR INDUSTRY: Fruit Farming
11. BIRTHPLACE (State or foreign country): Lansing MC
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Arthur Campbell.
14. MOTHER'S MAIDEN NAME: Ella MacOsborn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 2. WW.
16. SOCIAL SECURITY NO.: 190-16-8572
17. INFORMANT & ADDRESS: Ed. Campbell. Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)
Immediate cause (a) Drowned.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Creek.
21c. (City or town) Porters Bridge (County) Cecil (State) Md.
21d. TIME (Month) 7 (Day) 2 (Year) 55 (Hour) 6:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell in Octoraro Creek.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 7-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 5 1955 | NAME OF CEMETERY OR CREMATORY Mount Carm | LOCATION (City, town, or county) Jefferson. | (State) Md.
DATE REC'D BY LOCAL REG. July 3-55 | REGISTRAR'S SIGNATURE L. M. Worthington | 24. FUNERAL DIRECTOR: J. Earl Tyson | ADDRESS Rising Sun Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06553

6558

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point, Md.
LENGTH OF STAY (in this place) 26yrs.7mo.28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3701-4 22 N. Pulaski

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) C. (Last) CARROLL

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-24-03

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad Yard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert G. Carroll - Deceased

14. MOTHER'S MAIDEN NAME: Zinnery Pickett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Peacetime

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

309X

IMMEDIATE CAUSE (A) Starvation, inanition — Approx.2 mo.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Multiple decubitus ulcers — Approx. 6 months

DUE TO (C) Chronic brain syndrome associated with convulsive disorder — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8 , 19 28 to 7-6 , 19 55, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 12:05a M, from the causes and on the date stated above.

SIGNATURE W. Oppler ADDRESS DATE SIGNED

W. OPPLER, Chief, Professional Services M. D. V.A.Hospital, Perry Point, Md. 7-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 7-6-55

NAME OF CEMETERY OR CREMATORY Baltimore National Poplar Springs

LOCATION (City, town, or county) (State) Howard Co. Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7-6-55

REGISTRAR'S SIGNATURE Irene E. Haughorty

24. FUNERAL DIRECTOR A. Howard Evans ADDRESS A.Howard Evans, 1400 S.Charles, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06554

6542

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 North St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 200 North St.

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Dunbar (Last) Cawley

4. DATE OF DEATH (Month) July (Day) 8 (Year) 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH October 1, 1869

9. AGE last birthday 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY House work

11. BIRTHPLACE (State or foreign country) Elkton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William C. Dunbar

14. MOTHER'S MAIDEN NAME Sophia Moody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Eleanor Lewis Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy & Coma — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant Hypertension — 5 yrs +

(c) Arteriosclerosis — 10 yrs +

445 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 July, 1955, to 7 July, 1955, that I last saw the deceased alive on 6 July, 1955, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE George Dunbar Jr (Degree or title) ADDRESS Elkton Md DATE SIGNED 8 July 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/11/1955

NAME OF CEMETERY OR CREMATORY Elkton Cemetery

LOCATION (City, town, or county) (State) Elkton, Md

DATE REC'D BY LOCAL REG. July 9

REGISTRAR'S SIGNATURE H H Frazer

24. FUNERAL DIRECTOR ADDRESS Pippin Funeral Home Elkton Md.

W. A. Lusby

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Items 8, 9. Film G183-7/20/55L 6559 0855

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Ceril MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.J. COUNTY Camden
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gloucester 67X-3
STREET ADDRESS 130 Ellis St (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) LAVINIA (Last) CROSSET
4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1955

5. SEX: F | **6. COLOR OR RACE:** White | **7. SINGLE, MARRIED, WIDOWED, DIVORCED.** (Specify) Married | **8. DATE OF BIRTH:** Aug 9 1909 | **9. AGE last birthday:** 45 ~~46~~ yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife | **10b. KIND OF BUSINESS OR INDUSTRY:** | **11. BIRTHPLACE** (State or foreign country): Camden. N.J. | **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: William Chattin | **14. MOTHER'S MAIDEN NAME:** unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | **16. SOCIAL SECURITY NO.:** | **17. INFORMANT & ADDRESS:** Roy Crosset, 130 Ellis St Gloucester N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY | **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeBodson M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 7-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF** 7-18-1955 | **NAME OF CEMETERY OR CREMATORY** Evergreen Cem. | **LOCATION** (City, town, or county) Camden, N.J. (State)

DATE REC'D BY LOCAL REG. 7-15-1955 | **REGISTRAR'S SIGNATURE** Irene E. Daugherty | **24. FUNERAL DIRECTOR** Lee A. Patterson & Son | **ADDRESS** Perryville, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1R

MEDICAL EXAMINER'S CERTIFICATE OR DEATH

BUREAU V. S.

JUL 18 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6543

06556

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 127 Bow St.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) E. (Last) Delbert
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1955

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/25/1883
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry L Dayett
14. MOTHER'S MAIDEN NAME: Clotilda Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Clotilda De Weese Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia — 48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Parkinsons Disease — 3 yrs
(c) Arteriosclerosis — 5 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive apoplexy — 3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 June, 1955, to 4 July, 1955, that I last saw the deceased alive on 4 July, 1955, and that death occurred at 8:20 P m., from the causes and on the date stated above.
SIGNATURE: George D Knee (Degree or title) M D ADDRESS Elkton Md DATE SIGNED 5 July 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/7/55
NAME OF CEMETERY OR CREMATORY: Elkton Cemetery
LOCATION (City, town, or county) (State): Elkton, Md

DATE REC'D BY LOCAL REG.: July 7
REGISTRAR'S SIGNATURE: H R Frazer
24. FUNERAL DIRECTOR: Pepper Funeral Home ADDRESS: Elkton, Md
By D. Pepper

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6560

CERTIFICATE OF DEATH

Reg. Dist. No. 96 06557

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X PERRY POINT
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DISTRICT OF COLUMBIA COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 47X-3
STREET ADDRESS (If rural give location) 1237 South Capitol Street, S.W.

3. NAME OF DECEASED: (Type or Print) (First) STELL (Middle) None (Last) DORSEY, SR.

4. DATE OF DEATH: (Month) JULY (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 3, 1896

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GEORGIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HAMP DORSEY

14. MOTHER'S MAIDEN NAME: LIZZY HAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 359 03 5459

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Hemorrhage, subdural, right side — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from June 21, 1955, to July 1, 1955, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE AND M.D. E. S. Ellis M.D. ADDRESS Acting, Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED 7-2-55

E. S. ELLIS, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-2-55 — NAME OF CEMETERY OR CREMATORY Arlington Nat'l., Ft. Myer, Virginia. — LOCATION (City, town, or county) (State) 614-4th St., SW., Washington D.C.

DATE REC'D BY LOCAL REGISTRAR July 2-1955 — REGISTRAR'S SIGNATURE Irene E. Haughey

24. FUNERAL DIRECTOR Barnes-Matthews (Corp) BARNES & MATTHEWS FUNERAL HOME, — ADDRESS 614-4th St SW Washington DC

06558

6544

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) R.F.D. # 3

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) P. (Last) DUNN

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 12, 1875

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farm Work

11. BIRTHPLACE (State or foreign country): Massey Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Dunn

14. MOTHER'S MAIDEN NAME: Nowland (Brigid)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Mary P. Dunn Childs, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
540.0 IMMEDIATE CAUSE	(A) Gastro Intestinal Hemorrhage	48 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Gastric Ulcer (Co Indicated)	20 yrs
	(C) DUE TO Ascending G.U. Infection	18 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Senile Contributions	10 yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to July, 1953, that I last saw the deceased alive on 28 July, 1955, and that death occurred at 2.45 P M, from the causes and on the date stated above.

SIGNATURE George Klein, Jr. M. D. ADDRESS Elkton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 1, 1955

NAME OF CEMETERY OR CREMATORY Catholic Cemetery

LOCATION (City, town, or county) (State) Elkton. Md.

DATE REC'D BY LOCAL REGISTRAR Aug 1

REGISTRAR'S SIGNATURE J R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06559

6561

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bainbridge
LENGTH OF STAY (in this place) 2 wks..
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural give location) 05 X-2 Rt. #2, Box #218

3. NAME OF DECEASED: (Type or Print) (First) BETTY (Middle) LOU (Last) FARMER

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: January 1, 1937

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harlan (n) Brown

14. MOTHER'S MAIDEN NAME: Eva Sheppard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: Husband Date FARMER PFC, Camp Lejeune, North Carolina

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 002X (A) Miliary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Approx. 3 mo

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition, extreme — 3 mos.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 July, 1955 to 30 July 1955, that I last saw the deceased alive on 30 July, 1955, and that death occurred at 0105A.M, from the causes and on the date stated above.

SIGNATURE Sayth. Foy — ADDRESS M. D. USNH, Bainbridge, Md. — DATE SIGNED 7-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 2, 1955 — NAME OF CEMETERY OR CREMATORY Seaford Cemetery — LOCATION (City, town, or county) (State) Seaford, Delaware

DATE REC'D BY LOCAL REGISTRAR 8/1/55 — REGISTRAR'S SIGNATURE Dorothy B. Bramble

24. FUNERAL DIRECTOR J. J. Trampton Son — ADDRESS Federalsburg Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6562 07647

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perryville
LENGTH OF STAY (in this place) 7yrs3mos24days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Berkshire
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Adams 58X-3
STREET ADDRESS (If rural give location) 103 Main Street, Apt. 515

3. NAME OF DECEASED: (Type or Print) (First) GERALD (Middle) B. (Last) FITZGERALD

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 1886

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 4/28/14 to 5/12/16

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Bronchopneumonia, following operation — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Adenocarcinoma, sigmoid, colon — Unknown

DUE TO (C) Arteriosclerosis, generalized, severe — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: July 25, 1955

19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, sigmoid, colon

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I/A attended the deceased from Apr. 6, 1948, to July 30, 1955, ~~that I last saw the deceased alive on [illegible] 19[illegible]~~ and that death occurred at 2:45 A.M., from the causes and on the date stated above.

SIGNATURE W. OPPIER, M.D. ADDRESS Chief, Professional Services M. D. DATE SIGNED VAH., Perry Point, Maryland 7-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 7-30-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Ft. Myer, Virginia.

DATE REC'D BY LOCAL REGISTRAR August 8, 1955 | REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre De Grace, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BI ING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Su ly every item of information carefully e

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6545

CERTIFICATE OF DEATH

Reg. Dist. No. 97

06560

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 208½ North St.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Alice (Last) Fuller

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 2 1908

9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dietician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Fries VA

12. CITIZEN OF WHAT COUNTRY? U S A

13. NAME: John H. Grubb

14. MOTHER'S MAIDEN NAME: Nancy oline Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 292-26-5022

17. INFORMANT & ADDRESS: Nancy oline Grubb

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 416X	(A) Acute Coronary Thrombosis	1 month
ANTECEDENT CAUSE (S) DUE TO	(B) Exfoliative Intestinal Lower Extremities	1 week
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Rheumatic Heart Disease	15 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1955, to 19 July, 1955, that I last saw the deceased alive on 19 July, 1955, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE George D. Kreuz M.D. ADDRESS Elkton Md DATE SIGNED 19 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF July 24 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) Bluefield (State) WVa

DATE REC'D BY LOCAL REGISTRAR July 21 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR N Walter Du Bose Jr. ADDRESS Elkton Md

correct age is especially important. Physicians: please write causes of death clearly and legibly.

Item #3 Folio #394 1/3/18 JDS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06561

6563

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Perry Point
LENGTH OF STAY (in this place): 5 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Philadelphia 75 X 3
STREET ADDRESS (If rural give location): 4914 N. Marvine

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) M. (Last) GARDNER

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 5-7-1866 | 9. AGE last birthday: 89 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Registered
11. BIRTHPLACE (State or foreign country): York Springs, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Gardner
14. MOTHER'S MAIDEN NAME: Alice L. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Approx. 2 weeks

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Chronic brain syndrome with progressive starvation-inanition — unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1955 to 7-12, 1955, that I last saw the deceased alive on [illegible], 1955, and that death occurred at 5:00 PM, from the causes and on the date stated above.

SIGNATURE: W. Oppler — ADDRESS — DATE SIGNED
W. OPPLER, Chief, Professional Services M.D. V.A. Hospital, Perry Point, Md. 7-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal | DATE THEREOF: 7-13-55 | NAME OF CEMETERY OR CREMATORY: Sunnyside | LOCATION (City, town, or county) (State): York Springs, Pa.

DATE REC'D BY LOCAL REGISTRAR: 7-14-55 | REGISTRAR'S SIGNATURE: Irene E. Daugherty | 24. FUNERAL DIRECTOR: Pennington & Son | ADDRESS: Havre de Grace, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6546

06562

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton
LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cecil County Jail

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.C. COUNTY Jefferson
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Smith post
STREET ADDRESS (If rural, give location) 70 X-3

3. NAME OF DECEASED: (First) William (Middle) (Last) Gentry
4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 19 55
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 7-13-1900
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: House Builging
11. BIRTHPLACE (State or foreign country): Jefferson, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Gentry
14. MOTHER'S MAIDEN NAME: Georganna Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records. Elkton. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause 3222 (a) Acute Cardiac Dilatation and Alcholism

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): removal
DATE THEREOF July 19, 1955
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) West Jefferson N.C.

DATE REC'D BY LOCAL REG. July 19
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H Walter du Bois Jr.
ADDRESS Elkton, Md.

VS. A15A - 5 - 53

6564½ 06563

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Perry Point
LENGTH OF STAY (In this place) 1 Yr. 4 Mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA. Hospital, Perry Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 3 Mi. N-E
STREET ADDRESS (If rural, give location) 3824 Park Heights Ave.

3. NAME OF DECEASED: (First) FLORENCE (Middle) (Last) Goldberg
4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1955
5. SEX: F.M. Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6-16-06
9. AGE Last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None - unemployed
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hyman Goldberg
14. MOTHER'S MAIDEN NAME: Rose Wineberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Drowned. — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY River
21c. (City or town) Perry Point (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 7 (Day) 26 (Year) 55 (Hour) 3:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Jumped into River

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. le Dodson M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 7-26-55 | NAME OF CEMETERY OR CREMATORY Unknown | LOCATION (City, town, or county) Unknown (State)

DATE REC'D BY LOCAL REG. 7 26 55 | REGISTRAR'S SIGNATURE Irene E. Dougherty | **24. FUNERAL DIRECTOR** & ADDRESS Sol Levinson & Bros., Baltimore, Md.

W24-W Mulberry, Balto. Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06564

6565

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point,
LENGTH OF STAY (in this place) 29yrs.1mo.2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 2300 - 18th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) C. (Last) HENSLEY

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-19-97
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: B. H. Hensley
14. MOTHER'S MAIDEN NAME: Annie Bettie Glick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia, bronchial, bilateral, unresolved	4 to 5 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Syphilis cerebral	unknown
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Syphilis cerebral	unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 19 26 to 7-28, 19 55, that I last saw the deceased alive on [illegible], 19 [illegible], and that death occurred at 9:40 P M, from the causes and on the date stated above.
SIGNATURE W. OPPLER, Chief, Professional Services M. D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 7-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7-29-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 8-1-55
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md.
ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06565

6566

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 8yrs.5mo.19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church 83 x 3
STREET ADDRESS (If rural give location) 505 Westcott

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) B. (Last) HIGHT

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 6-28-1898
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator (ret.)
10B. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence B. Hight
14. MOTHER'S MAIDEN NAME: Isabelle Broume

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI - WWII
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Encephalomalacia due to arteriosclerosis with hemiplegia, left, hemianopsia, homonymous, left unknown

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 2-1, 19 52 to 7-20, 19 55 that I last saw the deceased alive on ..., 19 ..., and that death occurred at 8:35P M, from the causes and on the date stated above.

SIGNATURE W. Oppler
W. OPPLER, Chief, Professional Services M. D.
ADDRESS VAH, Perry Point, Md.
DATE SIGNED 7-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7-21-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 7-22-1955
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS Hayre de Grace, Md.

VS. A15—10-53

6567

06566

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 87

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Colora
LENGTH OF STAY (in this place) 22mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home on farm near Colora

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Colora X
STREET ADDRESS (If rural, give location) Box 54

3. NAME OF DECEASED: (Type or Print) (First) DOROTHY (Middle) ANN (Last) HILLS

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): --

8. DATE OF BIRTH: 9-20-53

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 10 Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Cunningham HILLS

14. MOTHER'S MAIDEN NAME: Shirley Sarah GUNDERSEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

929.0
Immediate cause (a) DROWNING, ACCIDENTAL
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes X No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Farm near Colora (County) Cecil (State) Md.

21d. TIME (Month) OF INJURY 7 (Day) 12 (Year) 55 (Hour) 1130 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Child wandered away from home and fell into pond

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident X, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. McDowell M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. X
DATE SIGNED 7-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial
DATE THEREOF 7-14-55
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) Everett (State) Mass.

DATE REC'D BY LOCAL REG. 7-13-55
REGISTRAR'S SIGNATURE Dorothy B. Brandt
24. FUNERAL DIRECTOR ADDRESS Cattersood & Son, Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06567

6568

CERTIFICATE OF DEATH

96

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Port Deposit

LENGTH OF STAY (in this place): 70 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit X

STREET ADDRESS (If rural give location): S. Main 1

3. NAME OF DECEASED: (Type or Print) (First) Malinda (Middle) Falls (Last) Hohn

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 4-28- 1877

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Falls

14. MOTHER'S MAIDEN NAME: Mary Dinsmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mary H. Brady, Port Deposit, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Breast — Interval Between Onset And Death: 7 Months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) .....

DUE TO

(c) Metastasis neck - thyroid gland — 3 months

170X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1

19a. DATE OF OPERATION: April 20.1955

19b. MAJOR FINDINGS OF OPERATION: Ca Breast. Metastasis Neck & glands -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) O. A. Benson M. D. — ADDRESS Port Deposit Md. — DATE SIGNED July 28 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-30-1955 — NAME OF CEMETERY OR CREMATORY Hopewell — LOCATION (City, town, or county) (State) Port Deposit, Md, Rural

DATE REC'D BY LOCAL REGISTRAR 7-28-1955 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR W. A. Patterson & Son — ADDRESS Perryville, Md.

06568

6569

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ceciltón
LENGTH OF STAY (in this place) 60 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ceciltón
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) EARL (Last) HOOVER.
4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widr
8. DATE OF BIRTH: 2-1-1879
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper Retired
10b. KIND OF BUSINESS OR INDUSTRY: Genral Store
11. BIRTHPLACE (State or foreign country): Felton, Delaware U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel E Hoover.
14. MOTHER'S MAIDEN NAME: Julia McCurdy.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Clifford F. Hoover, Ceciltón Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 976 X Pistol shot Rt temple — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, office bldg., etc., street or bldg. no.) OF INJURY Home
21c. (City or town) Ceciltón (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 7 (Day) 16 (Year) 55 (Hour) 6.00 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot self with pistol

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. L. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 19 1955
NAME OF CEMETERY OR CREMATORY Calton Cem.
LOCATION (City, town, or county) (State) Calton Md

DATE REC'D BY LOCAL REG. July 18-1955
REGISTRAR'S SIGNATURE Paul Redgie H. Hall
24. FUNERAL DIRECTOR Edward Fellow
ADDRESS Millington Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06569

6570

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point
LENGTH OF STAY (in this place) 2yrs.3mo.22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 1404 E. Fairmont Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E. (Last) HOWARD, Sr.

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 4-2-96 | 9. AGE last birthday 59 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles E. Howard
14. MOTHER'S MAIDEN NAME: Mary James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331X IMMEDIATE CAUSE	(A) Rupture of middle cerebral artery	25 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Tuberculosis pulmonary, moderately	unknown
	DUE TO advanced, active (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Arteriosclerosis general	unknown

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1953, to 7-17, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 11:32a M, from the causes and on the date stated above.

SIGNATURE W. Oppler ADDRESS DATE SIGNED
W. OPPLER, Chief, Professional Services M. D. VAH, Perry Point, Md. 7-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 7-17-55 | NAME OF CEMETERY OR CREMATORY Baltimore National | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7-18-55 | REGISTRAR'S SIGNATURE Irene E. Dougherty | 24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

6571

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06570 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural. | LENGTH OF STAY (in this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Port Deposit Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) CLARENCE (Last) KELLER

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1956

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: 12-20-1889 | 9. AGE last birthday: 65 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY: Owner. | 11. BIRTHPLACE (State or foreign country): Arendtsville Pa | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harry M. Keller. | 14. MOTHER'S MAIDEN NAME: Elizabeth Root

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Russell Keller Port Deposit Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiovascular Renal disease — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeDodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-23-56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 26/56 | NAME OF CEMETERY OR CREMATORY Hopewell Cem | LOCATION (City, town, or county) (State) Port Deposit Cecil Md.

DATE REC'D BY LOCAL REG. July 27-56 | REGISTRAR'S SIGNATURE L M Worthington | 24. FUNERAL DIRECTOR J. E. Tyson | ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06571

6572

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Perry Point
LENGTH OF STAY (in this place): 1 mo. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington 47 X -3
STREET ADDRESS (If rural give location): 2905 Nash Place, S.E. √

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) NMI (Last) KLEIN

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 24, 1906

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scene Selector

10B. KIND OF BUSINESS OR INDUSTRY: Motion Picture

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Klein

14. MOTHER'S MAIDEN NAME: Anna Pinsker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes √ (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 577-09-6976

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

IMMEDIATE CAUSE (A): Bronchopneumonia, unresolved — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Obstruction to right lower lobe

(B) Carcinoma, bronchogenic, with localized — unknown

DUE TO (C): metastasis to the pancreas, spleen, left ureter and vertebra

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1955, to 7-7, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 9:13a.M, from the causes and on the date stated above.

SIGNATURE AND DEGREE: W. OPPLER, Chief, Professional Services M. D. — ADDRESS: VAH, Perry Point, Md. — DATE SIGNED: 7-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — DATE THEREOF: 7-7-55 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: 7-6-77 — REGISTRAR'S SIGNATURE: Irene C. Dougherty

24. FUNERAL DIRECTOR: W. W. Chambers & Co. — ADDRESS: W.W.Chambers, 517-11th St. S.E. Wash.D.C.

06572

MARYLAND STATE DEPARTMENT OF HEALTH

6547

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Elkton Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 100 Elkton Blvd.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) Hughes (Last) Lewis

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1873

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wack

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Hughes

14. MOTHER'S MAIDEN NAME: Mary L. McClary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Patterson 100 Elkton Blvd. Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular renal — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 30, to 7/24, 19 55, that I last saw the deceased alive on 7/24, 19 55, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title) M. D. ADDRESS: Elkton Md DATE SIGNED: 7/25/55

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 27, 1955 — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG.: July 27 — REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR ADDRESS: Pippin Funeral Home Elkton, Md.

W. A. Lusby

06573

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6548

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 12-24-2
STREET ADDRESS (If rural give location) 351 Giles St.

3. NAME OF DECEASED: (Type or Print) (First) Abram (Middle) Steele (Last) MATHEWS

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Apr. 7, 1865
9. AGE last birthday: 90 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. G. Mathews
14. MOTHER'S MAIDEN NAME: A. Helen Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Katherine M. Hopkins Havre de Grace Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Multiple Infirmities of Old Age.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 10-20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to 22 July, 1955 that I last saw the deceased alive on 18 July, 1955, and that death occurred at 8:00 A M, from the causes and on the date stated above.
SIGNATURE George Brown M. D. ADDRESS Elkton, Md DATE SIGNED 7/22/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial
DATE THEREOF 7-24-55
NAME OF CEMETERY OR CREMATORY Erie Cem.
LOCATION (City, town, or county) Aberdeen (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 25
REGISTRAR'S SIGNATURE J R Frazer
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

6573 06574

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City | LENGTH OF STAY (in this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Philadelphia
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Philadelphia 75x-3
STREET ADDRESS (If rural, give location) 854 N. Taylor St

3. NAME OF DECEASED: (Type or Print) (First) Alex (Middle) (Last) MOCZERNIAK
4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1955
5. SEX: M | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (write only): Married | 8. DATE OF BIRTH: 2-25-1922 | 9. AGE last birthday: 33 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker | 10b. KIND OF BUSINESS OR INDUSTRY: Building | 11. BIRTHPLACE (State or foreign country): Poland | 12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: John Moczerniak | 14. MOTHER'S MAIDEN NAME: Anna Nikora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: 203-26-5861 | 17. INFORMANT & ADDRESS: Ala. Moczerniak 854 N Taylor St Philadelphia Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Drowned. 929.8

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) C & D Canal | 21c. (City or town) Chesapeake City (County) cecil (State) Md

21d. TIME OF INJURY (Month) 7 (Day) 17 (Year) 55 (Hour) 5:15 P. M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Went swimming in Canal

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 7/19/1955 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Philadelphia (State) Pa

DATE REC'D BY LOCAL REG. July 21-1955 | REGISTRAR'S SIGNATURE Ina Ralph A Reg | 24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton Md. W. C. Linsley.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06575

6574

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Port Deposit
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 North Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit X
STREET ADDRESS (If rural give location) North Main St. 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) James (Last) Moran

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 24, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Power House

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Moran

14. MOTHER'S MAIDEN NAME: Bridget Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert Cather, Port Deposit, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH* 002X		
Immediate cause (a)	Myocarditis & failure	2 hrs.
DUE TO (b) Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	Pulmonary tuberculosis	1 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1954, to 7-6, 1955, that I last saw the deceased alive on 7-6, 1955, and that death occurred at 7:42 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Port Deposit Cecil DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-9-1955 NAME OF CEMETERY OR CREMATORY Mt. Erin LOCATION (City, town, or county) (State) Havre De Grace, Md.

DATE REC'D BY LOCAL REGISTRAR July 7, 1955 REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06576

6575

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1193 Fourth St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
STREET ADDRESS (If rural give location) 1193 Fourth St

3. NAME OF DECEASED: (First) Emma (Middle) Lammey (Last) Sharkey
4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 6-21-1869
9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Lammey
14. MOTHER'S MAIDEN NAME: Elizabeth Gouldey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: C.W. Rutter, Perry Point, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Sclerosis — Interval Between Onset And Death: 4 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1953 to July 20 1955, that I last saw the deceased alive on July 20 1955, and that death occurred at 2 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) B.F. Johnson M.D. ADDRESS Port Deposit Md DATE SIGNED 7/21/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-24-1955
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural
DATE REC'D BY LOCAL REGISTRAR 7-22-1955
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR ADDRESS Wm. A. Patterson & Son Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Minna E Shirling

6576

06577

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:
COUNTY Cecil. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Near North East
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS North East R.D 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Near North East, Md
STREET ADDRESS (If rural give location) North East R.D. 2

3. NAME OF DECEASED: (Type or Print) (First) Minna (Middle) E (Last) Shirling

4. DATE OF DEATH: (Month) July (Day) 19, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed.

8. DATE OF BIRTH: Dec 14, 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10B. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Albrecht

14. MOTHER'S MAIDEN NAME: No Inf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Walter Arrants. North East R.D. 2 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — 5yrs.

DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1952 to 19 July, 1955, that I last saw the deceased alive on 17 July, 1955, and that death occurred at 7 P. M, from the causes and on the date stated above.

SIGNATURE Klaus H. Hueber M. D. ADDRESS North East Md DATE SIGNED 20 July '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. DATE THEREOF July 22/55 NAME OF CEMETERY OR CREMATORY Elkton, LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REGISTRAR July 23-1955 REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR Pepper Funeral Home ADDRESS Elkton Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06578

6577 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 2mos.17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church 83X-3
STREET ADDRESS (If rural give location) 709 Chest nut

3. NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) H. (Last) SMITH

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 15, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reuben Smith

14. MOTHER'S MAIDEN NAME: Margaret Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Rupture of Middle Cerebral Artery — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis, general — Unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 28, 1955, to July 15, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE William M. Harris M.D. ADDRESS DATE SIGNED

WM. M. HARRIS, M.D. Acting, Chief, Professional Services, VAH., Perry Point, Md. 7-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 7-16-55 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Ft. Myer, Virginia.

DATE REC'D BY LOCAL REGISTRAR 7-16-55 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR ADDRESS Pearsons Funeral Home 482 Washington St., PEARSON'S FUNERAL HOME Falls Church, Va.

06579

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6549

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital, Elkton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) RD #3 Elkton. X 1

3. NAME OF DECEASED: (Type or Print) (First) T. PAUL (Middle) (Last) SMITH. Jr.

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1955.

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar. | 8. DATE OF BIRTH: 3-1-1890. | 9. AGE last birthday 65 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Wilmington Del. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Smith | 14. MOTHER'S MAIDEN NAME: Annie Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 705-07-9906 | 17. INFORMANT & ADDRESS: Mrs. Pauline R. Smith 76 Yale Ave. Wilmington Manor Addrs. Newcastel. Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 525X (A) Cor pulmonale — 2 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Pulmonary fibrosis? — 2-3 years.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —0 | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 1955, to 7-7, 1955, that I last saw the deceased alive on 7-7, 1955, and that death occurred at 9:45 P M, from the causes and on the date stated above.

SIGNATURE Peter Stamatis M. D. ADDRESS Elkton Md. DATE SIGNED 7-8-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/11/1955 | NAME OF CEMETERY OR CREMATORY Elkton Catholic Cemet. | LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REGISTRAR July 9 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR Pippin Funeral Home | ADDRESS Elkton, Md.

06580

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6578 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Perry Point; LENGTH OF STAY (in this place) 2mo. 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY Gloucester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sewell 67X-3; STREET ADDRESS (If rural give location) R.D. #3 ✓

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) MARY (Last) SNYDER

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 9-21-01

9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: Overseer

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James J. McCaffrey

14. MOTHER'S MAIDEN NAME: Clara S. Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 164 18 9693

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 550.1	(A) Peritonitis due to extravasated contents	7 to 10 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO of viscera	
	(B) Appendicitis chronic recurrent with abscess	unknown
	DUE TO formation and rupture of terminal ilium	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7-26 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23, 1955 to 7-26, 1955, that I last saw the deceased alive on 19..., and that death occurred at 4:15PM, from the causes and on the date stated above.

SIGNATURE W. Oppler ADDRESS DATE SIGNED

W. OPPLER, Chief, Professional Services M. D. VAH, Perry Point, Md. 7-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal; DATE THEREOF 7-28-55; NAME OF CEMETERY OR CREMATORY Friendship; LOCATION (City, town, or county) (State) Elmer, New Jersey

DATE REC'D BY LOCAL REGISTRAR 7-28-1955; REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

Swift 06581

6550 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

Item 12, FilmG184 8-9-55 et

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
STREET ADDRESS (If rural give location) 146 W. Main St. 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Adelaide E. Swift

4. DATE OF DEATH: (Month) (Day) (Year) July 30 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12-24-1889

9. AGE last birthday 65 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Information

14. MOTHER'S MAIDEN NAME: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-01-5291

17. INFORMANT & ADDRESS: Adelaide F. McCuaig 85 Alice Court West Burry, L. I. N.Y.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis DUE TO — INTERVAL BETWEEN ONSET AND DEATH July 8, 1955

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1955, to July 30, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 5:40 P M, from the causes and on the date stated above.

SIGNATURE M. H. Loescher M. D. ADDRESS Elkton, Maryland DATE SIGNED July 30 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/2/55	Immaculate Conception	R.D. Elkton	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 1	H R Trager	Pippin Funeral Home	Elkton Md

W. A. 5-1-62

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06582

6551

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 ELKTON
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 65 Union Hospital, Elkton, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDRICKTOWN.
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) E (Last) TRETTER

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W | 8. DATE OF BIRTH: 4.24.78 | 9. AGE last birthday 77 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Domestic.
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Ethel Hall, Georgetown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442X (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Cardio-renal disease — 0.

DUE TO (C) Uremia — 1-2 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —0
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7.1.55, 19..., to 7.6..., 1955, that I last saw the deceased alive on 7.6..., 1955, and that death occurred at 8 45A M, from the causes and on the date stated above.

SIGNATURE Peter Chamberis, M. D. ADDRESS Elkton Md DATE SIGNED 7.6.55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF July 8, 1955
NAME OF CEMETERY OR CREMATORY Galena Cemetery
LOCATION (City, town, or county) (State) Galena, Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR July 9
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06583

6579

CERTIFICATE OF DEATH

Reg. Dist. No. 90

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fredricktown
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Upshur
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) French Creek 85 X - 3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Festus (Middle) Ralph (Last) Young

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: March 16, 1883

9. AGE last birthday 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard P. YOung

14. MOTHER'S MAIDEN NAME: Leannah P. Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Grace Young, French Creek W. Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerosis Cerebral Vessels — years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1955, to July 14, 1955, that I last saw the deceased alive on July 14, 1955, and that death occurred at 10 30 A M, from the causes and on the date stated above.

SIGNATURE Wallace O Bensha M.D. ADDRESS Cecilton, Md DATE SIGNED July 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/17/55
NAME OF CEMETERY OR CREMATORY French Creek Cem.
LOCATION (City, town, or county) (State) French Creek W. Va.

DATE REC'D BY LOCAL REGISTRAR July 16
REGISTRAR'S SIGNATURE Mrs. Ralph Rees
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.